

MAR 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5796

1. PLACE OF DEATH

35 County DuBois
Township Salmon
City James Daniel ShrumRegistration District No. 290Primary Registration District No. 5408File No. 86Registered No. 86

2. FULL NAME

(a) Residence, No. James Daniel Shrum

(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) ✓5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/26-37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, 4 hrs.
or 4 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. ✓9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. ✓10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation ✓12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) no13. NAME J. D. Shrum14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) no15. MAIDEN NAME Lala Pitts16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) no17. INFORMANT J. D. Shrum
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE McDaniel DATE 2/27, 193719. UNDERTAKER M. Daniel
(ADDRESS) Shrum20. FILED Mar. 10, 1937 A. D. McDaniel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27-, 1937

22. I HEREBY CERTIFY, That I attended deceased from

2/26-, 1937, to at Birth, 1937I last saw him alive on 2/26-, 1937. Death is saidto have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

Unknown Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1937

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

yes, specify

(Signed) W. H. H. H. H.(Address) no

, M. D.

